

APPLICATION DATA SHEET**APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Number of CD disks::	0
Number of copies of CDs::	0
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	0
Title::	Pramipexole For The Treatment of HIV Dementia
Attorney Docket Number::	1/1288-1-C1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	0
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Germany
Status::	Full Capacity
Given Name::	Ralf
Family Name::	WARSINSKY
City of Residence::	Mainz
Country of Residence::	Germany
Street of mailing address::	Marc-Chagall-Strasse 34
City of mailing address::	Mainz
Country of mailing address::	Germany
Postal or Zip Code of mailing address::	55127

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Klaus
Family Name:: MENDLA
City of Residence:: Ingelheim
Country of Residence:: Germany
Street of mailing address:: Untere Sohlstrasse 23
City of mailing address:: Ingelheim
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 55218

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Sandra
Family Name:: FLEISSNER
City of Residence:: Ingelheim
Country of Residence:: Germany
Street of mailing address:: Schuetzenfpad 36
City of mailing address:: Ingelheim
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 55218

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Germany
Status:: Full Capacity
Given Name:: Lothar
Family Name:: KUSSMAUL
City of Residence:: Bernstadt
Country of Residence:: Germany
Street of mailing address:: Rosenbuehlstrasse 19
City of mailing address:: Bernstadt

Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 89183

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 28501

REPRESENTATIVE INFORMATION

Representative Customer Number:: 28501

DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	10/348,293	01/21/2003
	Non-Provisional of	60/386,165	06/05/2002

FOREIGN PRIORITY INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	102 03 103	01/24/2002	Yes

ASSIGNEE INFORMATION

Assignee name:: Boehringer Ingelheim Pharma GmbH &
Co. KG
Street of mailing address:: Binger Strasse 173
City of mailing address:: Ingelheim
State or Province of mailing address:: CT
Country of mailing address:: Germany
Postal or Zip Code of mailing address:: 55216